

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/899264

FILING DATE

APPLICANT(S)

515101

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1		/			
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TOTAL DEP.			7		
TOTAL CLAIMS					

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